

“SAMPLE”
RACE/ETHNICITY FORM
(Courtesy of Fountain Valley Hospital Regional Medical Center)

Hospitals are required by law to provide the Office of Statewide Health Planning and Development (**OSHPD**) with information regarding the race and ethnicity of their patient population.

The mission of OSHPD is to plan for and support the development of a healthcare system that meets the current and future healthcare needs of the people of California. In doing so, we ask that you assist us in providing this information by making the most appropriate selection regarding race and ethnicity from the choices listed below:

ETHNICITY (Select One)

- _____ **HISPANIC:** A person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.
- _____ **NON-HISPANIC** Any possible options not covered in the above category.
- _____ **UNKNOWN** A person who cannot or refuses to declare ethnicity.

RACE (Select One)

- _____ **WHITE** A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East.
- _____ **BLACK** A person having origins in or who identifies with any of the black racial groups of Africa.
- _____ **NATIVE AMERICAL/ESKIMO/ALEUT**
A person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- _____ **ASIAN/PACIFIC ISLANDER**
A person having origins in or who identifies with any of the original oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- _____ **OTHER** Any possible options not covered in the above categories. Includes patients who cite more than one race.
- _____ **UNKNOWN** A person who cannot or refuses to declare race.